05669

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wicomico
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wicomico
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Harrison (Last) Baker

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 19-1888
9. AGE last birthday 60 yrs. If under 1 year Months 9 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY same
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James R. Baker
14. MOTHER'S MAIDEN NAME Mary E. Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Queen Victoria Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis, Acute	20 minutes
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	2 years
		(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1947, to June 25, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 11.45 p.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. (Degree or title) ADDRESS Hughesville, Md. DATE SIGNED June 27, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 28 1949
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza (State) Maryland

DATE REC'D BY LOCAL REG. 6/27 49
REGISTRAR'S SIGNATURE Carmaller
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05670

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Rison
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Rison
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME George Barbour

3. (b) Social Security Number

4. Sex: Male

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Martha Barbour

6.(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.): July 1870

8. AGE: Years 78 | Months 11 | Days — | If less than one day ... hrs. ... min.

9. Birthplace: Nanjemoy, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: William Smallwood Step-father
13. Birthplace: Maryland Co. Md.

MOTHER
14. Maiden name: Emeline Barbour
15. Birthplace: Charles Co. Md.

16. Informant: Matilda Mandue

Address: Rison Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 25 49 (month) (day) (year)

Cemetery or crematory: Alexandry Chapel

Location: Chicamuxem Md.

18. Funeral director: Lawrence Montgomery

Address: Washington D.C.

19. June 22 1949 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1949, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1949, to June 21 1949 and that I last saw him alive on June 14 1949

Immediate cause of death: Cardio-vascular-renal disease

Due to:

Due to: 442 131a

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C. Bickrell M.D. M. D. or other

Address: Marbury Md. Date signed: June 22 49

VS A15 9-45-15M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05671

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore (Chas. Co.) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Bond

4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1949

5. SEX: M. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 10/13/76 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Chas. Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Bond | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Agnes Short

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a)

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHR. MYOCARDITIS — 10 YRS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to June, 1949, that I last saw the deceased alive on June, 1949 and that death occurred at Baltimore from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernest Spencer M.D. Baltimore Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 17-49 | NAME OF CEMETERY OR CREMATORY: Pilgrim Memorial Park | LOCATION (City, town, or county) (State): Newberg Md

DATE REC'D BY LOCAL REG. 6/17/49 | REGISTRAR'S SIGNATURE: John A. Vasey | 24. FUNERAL DIRECTOR: Harry A. Ryon | ADDRESS: Hagerstown Md

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05672

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles.

City or town: Pisgah (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles.

City or town: Pisgah (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Noble Nathaniel Bowie

3. (b) Social Security Number:

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married.

6.(b) Name of ~~husband~~ or wife: Merle Robey Bowie.

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Jan. 14 1875

8. AGE: Years: 74 Months: 5 Days: 13 If less than one day: — hrs. — min.

9. Birthplace: Pisgah Chas Co. Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Retired Powder Factory Attendant

FATHER

12. Name: William J. Bowie

13. Birthplace: Charles Co. Md.

MOTHER

14. Maiden name: Cecelia Mattingly

15. Birthplace: Charles Co. Md.

16. Informant: Joseph William Bowie

Address: Washington D.C.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: June 29 1949 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Pisgah, Md.

18. Funeral director: Hunt & Ryon

Address: Waldorf Md.

19. June 27 1949 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1949, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....

and that I last saw ~~him~~ alive on June 1949

Immediate cause of death: Ac Coronary Thrombosis.

Due to: —

Due to: 420.1 94a

Other conditions: —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ..... Injured at work?

23. SIGNATURE: George C. Bicknell MD M. D. or other

Address: Mitchell Md Date signed: June 27 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 30 1949
BUREAU V. R.

05673

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH

County Charles Co

City or town La Plata, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Physicians' Memorial Hosp.

How long in hospital or institution? 2 hrs 16 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Charles

City or town Nicomico
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Edwin Butler.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Negro.

6.(a) Single, married, widowed, or divorced: Single.

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Mch 12 – 1932

8. AGE: Years 17 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Dentsville, Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Butler
13. Birthplace Dentsville ~~Nicomico~~ Md

MOTHER
14. Maiden name Madeline Banks
15. Birthplace Baltimore Md

16. Informant George Butler
Address Nicomico Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 6-18-49 (month) (day) (year)

Cemetery or crematory St Marys

Location New Park Md

18. Funeral director Hunt & Ryan
Address Waldorf Md

19. 6/17 1949
(Date rec'd by registrar)
Julia H. Vasey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 June 1949, at 11:10 P.M. EST

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 June 1949, to 15 June 1949 and that I last saw him alive on 15 June 1949.

Immediate cause of death Cardiac arrest ~~[illegible]~~ — DURATION 10 min

Due to ? Spinal anesthesia of 20 mgm Pontocaine

Due to ? Ruptured appendix

550.1

Other conditions

121
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results partial – 1) pathologic appendix 2) [illegible] 3) Myocardium spastically contracted.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. O. Woodd M.D.
M. D. or other

Address La Plata Md. Date signed 15 June 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

RECEIVED
JUN 20 1949
BUREAU F. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05674

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf, LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Rice (Last) Cooksey
4. DATE OF DEATH (Month) 6 (Day) 5 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12/18/78
9. AGE last birthday 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY State Road Comm.
11. BIRTHPLACE (State or foreign country) Dentsville, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James C. Cooksey
14. MOTHER'S MAIDEN NAME Susan E. Cash
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Myrtle Cooksey (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 mos.

Antecedent cause(s)

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1949 to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 10 P m., from the causes and on the date stated above.

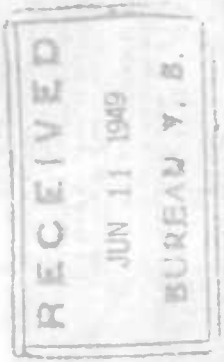
SIGNATURE Edwin L. Lane M.D. (Degree or title) ADDRESS Waldorf Md DATE SIGNED 6/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 6-8-49 NAME OF CEMETERY OR CREMATORY Trinity LOCATION (City, town, or county) Newport (State) Md

DATE REC'D BY LOCAL REG. 6-7-49 REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Hunt & Pryor ADDRESS Waldorf

Trinity Merford

RECEIVED
JUN 11 1949
BUREAU V. B.



Evidence for addition of age is shown on:

FILM No. G 120 JUN 30 1949

MARYLAND STATE DEPARTMENT OF HEALTH

05675

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Hughesville
LENGTH OF STAY (in this place) En route
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Highway # 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paluxent River Naval Air Station
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) N. (Last) Kyles
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Unk.
9. AGE last birthday About 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman
10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy
11. BIRTHPLACE (State or foreign country) Barton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Kyle
14. MOTHER'S MAIDEN NAME Emma Stewart.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) NAVY
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

973 Immediate cause (a) Acute carbon monoxide poisoning — Minutes

163 M Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suicide

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Woods nr. Highway (CITY OR TOWN) Hughesville, (COUNTY) Charles, (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran hose from exhaust into closed car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James L. MacKavanagh, M.D., ADDRESS Deputy Medical Examiner, La Plata, Md. DATE SIGNED 6-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 22/49
NAME OF CEMETERY OR CREMATORY Westernport Md
LOCATION (City, town, or county) Westernport (State) Md
DATE REC'D BY LOCAL REG. June 16/49
REGISTRAR'S SIGNATURE R J Bean MD
24. FUNERAL DIRECTOR Boals Funeral Service ADDRESS Westernport Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 22 1949
BUREAU U. S.

NAMES: DR. MCKAVANAGH'S LETTER FILMED G122 12-30-49 L

MARYLAND STATE DEPARTMENT OF HEALTH

05680

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wayside
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wayside
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) WINTER (Middle) Richard (Last) Lee

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1883

9. AGE Last birthday: about 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Wayside, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WINTER LEE

14. MOTHER'S MAIDEN NAME: Julia Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Ethel Hill (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Probably, coronary occlusion — 1 week

794 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic heart disease — Unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: None
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: None
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS: James L. MacKavanagh, M.D., Deputy Medical Examiner, La Plata, Md. — DATE SIGNED: 6-21-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/22/49 — NAME OF CEMETERY OR CREMATORY: Sheik M.E. — LOCATION (City, town, or county) (State): Newburg Md.

DATE REC'D BY LOCAL REG.: 6/22/49 — REGISTRAR'S SIGNATURE: Julia H. Carey

24. FUNERAL DIRECTOR — ADDRESS: Hewett & Ryon, Waldorf Md

RECEIVED
JUN 27 1949
BUREAU V. S.

05676

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Physicians' Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Hughesville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME
Marie Theresa Martin

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 2, 1949

8. AGE: Years | Months | Days | If less than one day: 18 hrs. min.

9. Birthplace: La Plata, Charles, Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: Robert O. Martin, Jr.
13. Birthplace: Athens, W. Va.

MOTHER
14. Maiden name: Anna Sally Jones
15. Birthplace: Baltimore, Md.

16. Informant: Robert O. Martin, Jr.
Address

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 6-4-49 (month) (day) (year)

Cemetery or crematory: Old Fields
Location: Hughesville, Md.

18. Funeral director: Huntt & Ryon
Address: Waldorf, Md.

19. 6-4-49 19
(Date rec'd by registrar)
Julia H. Posey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1949, at ~~2:40~~ (EST) 11.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1949, to June 2 1949 and that I last saw her alive on June 2 1949

Immediate cause of death: Premature birth

Due to: 7135 under development of essential organs

Due to: 159

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Alfred R. Lapin, M.D.
M. D. or other

Address: Aquasco, Md. Date signed: June 3

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05677

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Charles; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - La Plata; LENGTH OF STAY (In this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - nr. La Plata
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [redacted]	STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Henry (Jr.)	Thomas	6	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Single	6-12-49		0	1½		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	La Plata Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henry Thomas	Annie Elsie Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	—	Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Enlarged liver; failure to nurse; bleeding	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Natural causes - unknown	
	(c)	

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161 C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY: None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James L. MacKavanagh, M.D., Deputy	Medical Examiner, La Plata, Md.	6-14-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-14-49	Sacred Heart	La Plata Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/14/49	Julia H. Vasey	Henry H. Thomas	La Plata, Md

VS. A15A

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05678

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Charles Co Md

City or town: Waldorf
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D C County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 3614 - Idaho Ave NW
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: VIRGINIA LOVE THREADGILL

3.(b) Social Security Number:

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: widow

6.(b) Name of husband or wife: Colin

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 23 - 1875

8. AGE: Years: 73 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Sherman Tex
(Town, county, and state)

10. Usual occupation: Hostess

11. Industry or business: Allied Dm

FATHER
12. Name: Threadgill
13. Birthplace: Kentucky

MOTHER
14. Maiden name: Nancy De Witt
15. Birthplace: Kentucky

16. Informant: Mrs E J. Foster

Address: Waldorf Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: June 18-49
(month) (day) (year)

Cemetery or crematory: Druid Hill Cem

Location: Balti - Md -

18. Funeral director: The S.H. Hines Co

Address: 2901 - 14th St NW

19. 6-15 1949 M L Moore
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/15 1949, at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/9 1949, to 6/15 1949 and that I last saw her alive on 6/9 1949

Immediate cause of death: Myocardial Apoplexy

Due to: Carcinoma - Gastro - Hepatic

Due to:

Other conditions: Senility

151
46m
(Include pregnancy within 3 months of death)

DURATION: years

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. R. Weber, M.D.
M. D. or other

Address: Waldorf, Md Date signed: 6/15/49

VS A15 9.45.15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
JUN 14 1949
BUREAU V. S.

05679

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynide
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynide
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mamie (Middle) (Last) Wells

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1949

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH ABT — (?) 1877
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Walter B. Wells
14. MOTHER'S MAIDEN NAME Harriett Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Harriett Shanks

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	5-16-49
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	4-10-40
	(c)	

443
93d

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1940, to 6-13, 1949, that I last saw the deceased alive on 6/13, 1949 and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. J. Edelen M.D. ADDRESS La Plata Md. DATE SIGNED 6-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/20/49
NAME OF CEMETERY OR CREMATORY Shiloh
LOCATION (City, town, or county) (State) Waynide, Md.

DATE REC'D BY LOCAL REG. 6/17/49
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 20 1949
BUREAU V. S.